Variable Name	Labels	Drop Down Box	Values
	2015 Maryland Long Term Care Survey- Drop Down Menu		
	Facility Information		
type	Facility Type as of 12_31_2015	**Comprehensive Care**	**1**
		Assisted Living	**2**
		Adult Day Care	**4**
		Chronic Care	**7**
	Facility Name and Address (Location of the Facility)		
cty_code	County of Care	Allegany	01
		Anne Arundel	02
		Baltimore County	03
		Baltimore City	30
		Calvert	04
		Caroline	05
		Carroll	06
		Cecil	07
		Charles	08
		Dorchester	09
		Frederick	10
		Garrett	11
		Harford	12
		Howard	13
		Kent	14
		Montgomery	15
		Prince George's	16
		Queen Anne's	17
		St. Mary's	18
		Somerset	19
		Talbot	20
		Washington	21
		Wicomico	22
		Worcester	23

Survey DropDownMenu_PublicUse

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
B. Mailing Address			
Reviewed during the pre-survey period and once during the Survey by the facility.			
B1	Mail Recipient's Prefix	Mr.	Mr.
		Mrs.	Mrs.
		Ms.	Ms.
		Dr.	Dr.
		Rev.	Rev.
		Mother	Mother
		Sister	Sister
B7	Facility Mailing State	Alabama	AL
		Alaska	AK
		Arizona	AZ
		Arkansas	AR
		California	CA
		Colorado	CO
		Connecticut	CO
		Delaware	DE
		District of Columbia	DC
		Florida	FL
		Georgia	GA
		Hawaii	HI
		Idaho	ID
		Illinois	IL
		Indiana	IN
		Iowa	IA
		Kansas	KS
		Kentucky	KY
		Louisiana	LA
		Maine	ME
		Maryland	MD
		Massachusetts	MA
		Michigan	MI
		Minnesota	MN
		Mississippi	MS

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		Missouri	MO
		Montana	MT
		Nebraska	NE
		Nevada	NV
		New Hampshire	NH
		New Jersey	NJ
		New Mexico	NM
		New York	NY
		North Carolina	NC
		North Dakota	ND
		Ohio	OH
		Oklahoma	OK
		Oregon	OR
		Pennsylvania	PA
		Puerto Rico	PR
		Rhode Island	RI
		South Carolina	SC
		South Dakota	SD
		Tennessee	TN
		Texas	TX
		Utah	UT
		Vermont	VT
		Virginia	VA
		Washington	WA
		West Virginia	WV
		Wisconsin	WI
		Wyoming	WY
		Ontario, Canada	OT
C. Administrator Information			
C1	Administrator's Prefix	Mr.	Mr.
C2	Name of Administrator	Mrs.	Mrs.
		Ms.	Ms.

Variable Name	Labels	Drop Down Box	Values
		2015 Maryland Long Term Care Survey- Drop Down Menu	
		Dr.	Dr.
		Rev.	Rev.
		Mother	Mother
		Sister	Sister
	Dates of Operation and Facility/Center Ownership		
q1a	Begin Oper in 2015?	No	0
		Yes	1
q1bm	Date Facility First Opened _Month	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
q1b	Ceased Operation in 2015?	No	0
		Yes	1
q1a1m	Beg Date of Oper in 2015_month	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		10	10
		11	11
		12	12
q1a1d	Beg Date of Oper in 2015_Day	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18
		19	19
		20	20
		21	21
		22	22
		23	23
		24	24
		25	25
		26	26
		27	27
		28	28
		29	29
		30	30

Survey DropDownMenu_PublicUse

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		31	31
q1a2m	End Date of Oper in 2015	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
q1a2d	End Date of Oper in 2015	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		19	19
		20	20
		21	21
		22	22
		23	23
		24	24
		25	25
		26	26
		27	27
		28	28
		29	29
		30	30
		31	31
q2	Ownership Change?	No	0
		Yes	1
q2am	Ownership Change Date	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
q2ad	Ownership Change Date	01	01
		02	02
		03	03
		04	04
		05	05

Survey DropDownMenu_PublicUse

	2015 Maryland Long Term Care Survey- Drop Down Menu		
Variable Name	**Labels**	**Drop Down Box**	**Values**
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18
		19	19
		20	20
		21	21
		22	22
		23	23
		24	24
		25	25
		26	26
		27	27
		28	28
		29	29
		30	30
		31	31
q2b4	Cur Ownership State	Alabama	AL
		Alaska	AK
		Arizona	AZ
		Arkansas	AR
		California	CA
		Colorado	CO
		Connecticut	CO
		Delaware	DE

	2015 Maryland Long Term Care Survey- Drop Down Menu		
Variable Name	**Labels**	**Drop Down Box**	**Values**
		District of Columbia	DC
		Florida	FL
		Georgia	GA
		Hawaii	HI
		Idaho	ID
		Illinois	IL
		Indiana	IN
		Iowa	IA
		Kansas	KS
		Kentucky	KY
		Louisiana	LA
		Maine	ME
		Maryland	MD
		Massachusetts	MA
		Michigan	MI
		Minnesota	MN
		Mississippi	MS
		Missouri	MO
		Montana	MT
		Nebraska	NE
		Nevada	NV
		New Hampshire	NH
		New Jersey	NJ
		New Mexico	NM
		New York	NY
		North Carolina	NC
		North Dakota	ND
		Ohio	OH
		Oklahoma	OK
		Oregon	OR
		Pennsylvania	PA
		Puerto Rico	PR
		Rhode Island	RI
		South Carolina	SC
		South Dakota	SD

Survey DropDownMenu_PublicUse

Variable Name	Labels	Drop Down Box	Values
		Tennessee	TN
		Texas	TX
		Utah	UT
		Vermont	VT
		Virginia	VA
		Washington	WA
		West Virginia	WV
		Wisconsin	WI
		Wyoming	WY
		Ontario, Canada	OT
q3	Type of Bus Org	Sole Proprietorship (for profit)	01
		Partnership (for profit)	02
		Corporation (for profit)	03
		Corporation (non profit)	04
		Limited Liability Corporation (for profit)	05
		Limited Liability Corporation (non profit)	06
		Church related (non-profit)	11
		Other Non-Profit	12
		State Government	21
		County Government	22
		Veterans Administration	23
		City Government	24
q4	Nursing Home Chain	No	0
		Yes	1
q4a	Name of Nursing Home Chain	Adventist Healthcare	01
		Beverly Enterprises, Inc.	02
		Brooks Grove Foundation, Inc.	03
		Episcopal Ministries to the Aging, Inc.	04

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		Future Care Health and Management Corp.	05
		Genesis Health Ventures	06
		HCR ManorCare, Inc.	07
		Home Quality Management, Inc.	08
		Life Care Services Corp.	09
		Managed by Magnolia Mgmt., Inc.	10
		Mariner Post Acute Network	11
		Marriott Senior Living Svcs.	12
		Maryland Health Enterprises	13
		Millenium Health Services	14
		Xavier Health Care Services, Inc.	15
		Other	16
q5	ADC Sponsored by Parent Organization?	No	0
		Yes	1
q5a	Type of Parent Org ADC	Area Agency on Aging	1
		Local Health Department	2
		Hospital	3
		Human Service Agency	4
		Housing Agency	5
		Nursing Home	6
		Religious Organization	7
		Other	8
q9	CARF certification	No	0
		Yes	1
q10	Joint Commission Certification	No	0
		Yes	1
q11	Additonal DHMH licenses	No	0
		Yes	1
q11_1	Additonal DHMH licenses_DDAdmin	No	0

Variable Name	Labels	Drop Down Box	Values
		Yes	1
q11_2	Additonal DHMH licenses_MHAdmin	No	0
		Yes	1
q12	Direct pay (LTC) EDO2015	No	0
		Yes	1
q12a	Direct pay (HMO_MCC) EDO2015	No	0
		Yes	1
q13	CNA training Prog	No	0
		Yes	1
q17am	Date Beds Capacity Chg	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
q17ad	Date Beds Capacity Chg	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07

Variable Name	Labels	Drop Down Box	Values
		08	08
		09	09
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18
		19	19
		20	20
		21	21
		22	22
		23	23
		24	24
		25	25
		26	26
		27	27
		28	28
		29	29
		30	30
		31	31
q17c	Type of Change in Lic Capacity	Beds Added	1
		Beds Eliminated	2
		Temporarily Delicensed	3
q17d	Licensure Category	Comprehensive Care	1
		Assisted Living	2
		Adult Day Care	3
		Extended Care	4

2015 Maryland Long Term Care Survey- Drop Down Menu

Variable Name	Labels	Drop Down Box	Values
		2015 Maryland Long Term Care Survey- Drop Down Menu	
		Chronic Care	5
q18	Lic Beds Restricted	No	0
		Yes	1
q18a	Type of Restr. (on beds)	Voluntary Admissions Ceiling	1
		OHCQ Admissions Ban	2
q18d	Bed Type	Comprehensive Care	1
		Chronic Care	3
		Assisted Living	4
q18bm	Beg Date of Restr	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
q18bd	Beg Date of Restr	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18
		19	19
		20	20
		21	21
		22	22
		23	23
		24	24
		25	25
		26	26
		27	27
		28	28
		29	29
		30	30
		31	31
q18cm	End Date of Restr	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		12	12
q18cd	End Date of Restr	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18
		19	19
		20	20
		21	21
		22	22
		23	23
		24	24
		25	25
		26	26
		27	27
		28	28
		29	29
		30	30
		31	31
q28	Level of Care	Level 1	1

Survey DropDownMenu_PublicUse

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		Level 2	2
		Level 3	3
		Level 3+	4
q29	Accept 3+ Resident Specific Waivers	No	0
		Yes	1
q30a	Alzheimer's_mild stages	No	0
		Yes	1
q30b	Alzheimer's_moderate stages	No	0
		Yes	1
q30c	Alzheimer's_severe stages	No	0
		Yes	1
q40	CCRC facility?	No	0
		Yes	1
q43a	Alzheimer's Unit?	No	0
		Yes	1
	Assisted Living Services		
q43b1	Serv Avail at Fac_Barber Shop	No	0
		Yes	1
q43b2	Serv Avail at Fac_Beauty Shop	No	0
		Yes	1
q43b3	Serv Avail at Fac_Behav Management	No	0
		Yes	1
q43b4	Serv Avail at Fac_Catheter care	No	0
		Yes	1
q43b5	Serv Avail at Fac_Central IV	No	0
		Yes	1
q43b6	Serv Avail at Fac_Colostomy	No	0

2015 Maryland Long Term Care Survey- Drop Down Menu
Variable Name	**Labels**	**Drop Down Box**	**Values**
q43b7	Serv Avail at Fac_Decubitus	Yes	1
		No	0
q43b8	Serv Avail at Fac_Dementia	Yes	1
		No	0
q43b9	Serv Avail at Fac_Dialysis	Yes	1
		No	0
q43b10	Serv Avail at Fac_Dispense Meds	Yes	1
		No	0
q43b11	Serv Avail at Fac Home Health Agency Services	Yes	1
		No	0
q43b12	Serv Avail at Fac_Hospice Services	Yes	1
		No	0
q43b13	Serv Avail at Fac_Incontinence care	Yes	1
		No	0
q43b14	Serv Avail at Fac_Laundry	Yes	1
		No	0
q43b15	Serv Avail at Fac_Occupational Therapy	Yes	1
		No	0
q43b16	Serv Avail at Fac_One or more meal	Yes	1
		No	0
q43b17	Serv Avail at Fac_Peripheral IV	Yes	1
		No	0
q43b18	Serv Avail at Fac_Peritoneal Dialysis	Yes	1
		No	0
q43b19	Serv Avail at Fac_Per Care_Homemaker	Yes	1
		No	0
q43b20	Serv Avail at Fac_Portable Oxygen	Yes	1
		No	0
q43b21	Serv Avail at Fac_Physical Therapy	Yes	1
		No	0
q43b22	Serv Avail at Fac_Rehab care	Yes	1
		No	0
q43b23	Serv Avail at Fac_Respite	Yes	1
		No	0
		Yes	1

Survey DropDownMenu_PublicUse

		2015 Maryland Long Term Care Survey- Drop Down Menu		
Variable Name	Labels	Drop Down Box	Values
q43b24	Serv Avail at Fac_Speech_Language Therapy	No	0
		Yes	1
q43b25	Serv Avail at Fac_Suctioning	No	0
		Yes	1
q43b26	Serv Avail at Fac_TPN	No	0
		Yes	1
q43b27	Serv Avail at Fac_Tracheostomy	No	0
		Yes	1
q43b28	Serv Avail at Fac_Transportation Services	No	0
		Yes	1
q43b29	Serv Avail at Fac_Tube feeding	No	0
		Yes	1
q43b30	Serv Avail at Fac_Ventilator care	No	0
		Yes	1
q43b31	Serv Avail at Fac_Wander Guard	No	0
		Yes	1
q43b32	Serv Avail at Fac_(24) Hour Awake staff	No	0
		Yes	1
	Comprehensive Care and Chronic Services		
q43c1	Adult Day Care Services	No	0
		Yes	1
q43c2	Alzheimer's Care	No	0
		Yes	1
q43c8	Congregate Meals	No	0
		Yes	1
q43c5	PPSV_Catheter Care	No	0
		Yes	1
q43c6	PPSV_Central IV Therapy	No	0
		Yes	1
q43c31	PPSV_Total Parental Nutrition	No	0
		Yes	1
q43c7	PPSV_Colostomy Care	No	0
		Yes	1
q43c9	PPSV_Decubitus Care	No	0

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	Labels	Drop Down Box	Values
		Yes	1
q43c10	PPSV_Dementia	No	0
		Yes	1
q43c15	PPSV_Incontinence Care	No	0
		Yes	1
q43c11	PPSV_Dialysis	No	0
		Yes	1
q43c22	PPSV_Peritoneal Dialysis Care	No	0
		Yes	1
q43c19	PPSV_Oxygen Therapy	No	0
		Yes	1
q43c20	PPSV_Pediatric Care	No	0
		Yes	1
q43c21	PPSV_Peripheral IV Therapy	No	0
		Yes	1
q43c26	PPSV_Rehab Care	No	0
		Yes	1
q43_c30	PPSV_Suctioning	No	0
		Yes	1
q43c32	PPSV_Tracheostomy Care	No	0
		Yes	1
q43c34	PPSV_Tube Feeding	No	0
		Yes	1
q43c35	PPSV_Ventilator Care	No	0
		Yes	1
q43c12	PPSV_Dispense Meds	No	0
		Yes	1
q43c14	PPSV_Hospice Care	No	0
		Yes	1
q43c28	PPSV_Respite Care	No	0
		Yes	1
q43c16	PPSV_Laundry	No	0
		Yes	1
q43c33	PPSV_Transportation	No	0
		Yes	1

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
q43c23	PPSV_Personal Care	No	0
		Yes	1
q43c18	PPSV_One or more meals per day	No	0
		Yes	1
q43c4	PPSV_Beauty Shop	No	0
		Yes	1
q43c3	PPSV_Barber Shop	No	0
		Yes	1
q43c17	PPSV_Occupational Therapy	No	0
		Yes	1
q43c24	PPSV_Physical Therapy	No	0
		Yes	1
q43c25	PPSV_Psychogeriatric Services	No	0
		Yes	1
q43c29	PPSV_Speech_Language Therapy	No	0
		Yes	1
q43c13	Home Health Agency Services	No	0
		Yes	1
q43c27	Respiratory Therapy	No	0
		Yes	1
	Adult Day Care Services		
q44_1a	On_site_Serv_Art Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_2a	On_site_Serv_Bathing	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_3a	On_site_Serv_Bowel_Bladder Retraining	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_4a	On_site_Serv_Dentistry Services	Not provided	0

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_6a	On_site_Serv_Extended Hours	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_12a	On_site_Serv_Music Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_8a	On_site_Serv_Health_Wellness Ed	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_14a	On_site_Serv_Occupational Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_15a	On_site_Serv_Physical Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_16a	On_site_Serv_Podiatry Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_11a	On_site_Serv_Mental Health Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_17a	On_site_Serv_Recreation Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
q44_19a	On_site_Serv_Social Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_20a	On_site_Serv_Speech Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_22a	On_site_Serv_Transportation Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_21a	On_site_Serv_Therapeutic Diets	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_13a	On_site_Serv_Nutrition Counseling	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_9a	On_site_Serv_Laboratory Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_10a	On_site_Serv_Medication Mgmt	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_18a	On_site_Serv_Dance_Movement Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_5a	On_site_Serv_Escort Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2

Variable Name	Labels	Drop Down Box	Values
	2015 Maryland Long Term Care Survey- Drop Down Menu		
q44_23a	On_Site _Ser_weekend Hours -Open Saturday	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_24a	On_Site _Ser_weekend Hours -Open Sundays	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_7a	On_Site _Ser_Family Support Groups	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_1b	Off_site_Serv_Art Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_2b	Off_site_Serv_Bathing	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_3b	Off_site_Serv_Bowel_Bladder Retraining	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_4b	Off_site_Serv_Dentistry Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_6b	Off_site_Serv_Extended Hours	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_12b	Off_site_Serv_Music Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
q44_8b	Off_site_Serv_Health_Wellness Ed	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_14b	Off_site_Serv_Occupational Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_15b	Off_site_Serv_Physical Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_16b	Off_site_Serv_Podiatry Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_11b	Off_site_Serv_Mental Health Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_17b	Off_site_Serv_Recreation Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_19b	Off_site_Serv_Social Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_20b	Off_site_Serv_Speech Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
q44_22b	Off_site_Serv_Transportation Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_21b	Off_site_Serv_Therapeutic Diets	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_13b	Off_site_Serv_Nutrition Counseling	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_9b	Off_site_Serv_Laboratory Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_10b	Off_site_Serv_Medication Mgmt.	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_18b	Off_site_Serv_Dance_Movement Therapy	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_5b	Off_site_Serv_Escort Services	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_23b	off_Site _Ser_weekend Hours -Open Saturday	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
q44_24b	off_Site _Ser_weekend Hours -Open Sundays	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2

Variable Name	Labels	Drop Down Box	Values
**2015 Maryland Long Term Care Survey- Drop Down Menu**		
q44_7b	Off_Site _Ser_Family Support Groups	Not provided	0
		Yes, by your facility	1
		Yes, by 3rd-party	2
**Financial Information**		
	Comprehensive Care (Comp)		
q45A_1am	Beg Date FY 2015	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
q45A_1ad	Beg Date FY 2015	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
		16	16
		17	17
		18	18
		19	19
		20	20
		21	21
		22	22
		23	23
		24	24
		25	25
		26	26
		27	27
		28	28
		29	29
		30	30
		31	31
q45A_1ay	Beg Date FY 2015	2008	2008
		2015	2015
q45A_2am	End Date of FY 2015	01	01
		02	02
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
q45A_2ad	End Date of FY 2015	01	01
		02	02

Variable Name	Labels	Drop Down Box	Values
		03	03
		04	04
		05	05
		06	06
		07	07
		08	08
		09	09
		10	10
		11	11
		12	12
		13	13
		14	14
		15	15
		16	16
		17	17
		18	18
		19	19
		20	20
		21	21
		22	22
		23	23
		24	24
		25	25
		26	26
		27	27
		28	28
		29	29
		30	30
		31	31
q45A_2ay	Beg Date FY 2015	2008	2008
		2015	2015
q45Ab	Did your facility submit a cost report	No	0

2015 Maryland Long Term Care Survey- Drop Down Menu

Variable Name	Labels	Drop Down Box	Values
		Yes	1
	Chronic		
q45B_1ay	Beg Date FY 2015 Chronic	Same as Comp	Same as Comp
q45B_1am	Beg Date FY 2015 Chronic	Same as Comp	Same as Comp
q45B_1ad	Beg Date FY 2015 Chronic	Same as Comp	Same as Comp
q45B_2am	End Date of FY 2015 Chronic	Same as Comp	Same as Comp
q45B_2ay	End Date of FY 2015 Chronic	Same as Comp	Same as Comp
q45B_2ad	End Date of FY 2015 Chronic	Same as Comp	Same as Comp
	Assisted Living		
q45C_1ay	Beg Date FY 2015 Assisted living	Same as Comp	Same as Comp
q45C_1am	Beg Date FY 2015 Assisted living	Same as Comp	Same as Comp
q45C_1ad	Beg Date FY 2015 Assisted living	Same as Comp	Same as Comp
q45C_2am	End Date of FY 2015 Assisted Living	Same as Comp	Same as Comp
q45C_2ay	End Date of FY 2015 Assisted Living	Same as Comp	Same as Comp
q45C_2ad	End Date of FY 2015 Assisted Living	Same as Comp	Same as Comp
	Adult Day Care		
q45D_1ay	Beg Date FY 2015 Adult Day Care	Same as Comp	Same as Comp
q45D_1am	Beg Date FY 2015 Adult Day Care	Same as Comp	Same as Comp
q45D_1ad	Beg Date FY 2015 Adult Day Care	Same as Comp	Same as Comp
q45D_2am	End Date of FY 2015 Adult Day Care	Same as Comp	Same as Comp
q45D_2ay	End Date of FY 2015 Adult Day Care	Same as Comp	Same as Comp
q45D_2ad	End Date of FY 2015 Adult Day Care	Same as Comp	Same as Comp
q49_10	Y/ Facility had non routine revenue	No	0
		Yes	1
q49_11	Y/ Facility had allowances and adjustments	No	0
		Yes	1
q50_7	Y/ Facility had non routine revenue	No	0
		Yes	1

Survey DropDownMenu_PublicUse

2015 Maryland Long Term Care Survey- Drop Down Menu			
Variable Name	**Labels**	**Drop Down Box**	**Values**
q50_8	Y/ Facility had allowances and adjustments	No	0
		Yes	1
q50c	Participate in Medicaid Waiver program	No	0
		Yes	1

Survey DropDownMenu_PublicUse